



LT. GOVERNOR'S OFFICE

INTERNSHIP APPLICATION

Please complete and return to:
Reid Forrester, Intern Program
Missouri State Capitol Rm. 224
Jefferson City, Missouri 65101
Phone (573) 751-4727 Fax (573) 751-9422

Name: _____

Permanent Address: _____

Home Telephone: _____ Date of Birth: _____

Parents/ Guardian: _____

College or University: _____

School Address: _____

Email: _____ School or Cell Phone: _____

Year in School: Fresh _____ Soph _____ Junior _____ Senior _____ Grad _____ Law _____

Major: _____ Minor: _____

GPA: _____ Will you seek academic credit for this internship: _____

Advisor's name and daytime phone: _____

INTERNSHIP REQUESTED:

_____ Summer (General) Middle May-August
_____ Fall 2016: August-December
_____ Spring 2016: January-May
_____ Summer 2016: Middle May-August

APPLICATION:

Rolling Application
Deadline: July 15
Deadline: December 1
Deadline: April 15

ACADEMIC INFORMATION: (Other Schools Attended & Date Attended)

Other: _____ **Dates (From:_____To:_____)**

High School: _____ **Dates (From: _____ To: _____)**

Specific issue areas of interest to you:

Activities and Honors:_____

Skills applicable to internship (typing, computer, research, etc.):

Job or volunteer experience, beginning with most recent:

Names, titles and phone numbers of three references:

Please attach a resume and a one-page essay detailing your interest in appointment to this internship.

**** ALL INTERNSHIP OPPORTUNITIES ARE NON-PAID POSITIONS ****

If selected, I hereby agree to abide by the rules and regulations for Lt. Governor's Office employees.

Signature of Applicant _____ **Date** _____